

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
CARSON AMERICA**A. Full Name (Last, First, Middle Initial)****DR. GINGER VONDELL**

Mailing Address 1500 CORNWALL ROAD

City	State	Zip Code
LEBANON	PA	17042-7403

FEC ID number of contributing
federal political committee.**C**Name of Employer
SELF-EMPLOYEDOccupation
DENTIST

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Transaction ID : SA17.520782

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		14		2015

CONTRIBUTION

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)**NANCY LEE VONDERHORST**Mailing Address P.O. BOX 121
P.O. BOX 121

City	State	Zip Code
POND EDDY	NY	12770-0121

FEC ID number of contributing
federal political committee.**C**Name of Employer
**POND EDDY UNITED METHODIST
CHURCH**Occupation
MINISTER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

562.16

Transaction ID : SA17.258132

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

CONTRIBUTION

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)**NANCY LEE VONDERHORST**Mailing Address P.O. BOX 121
P.O. BOX 121

City	State	Zip Code
POND EDDY	NY	12770-0121

FEC ID number of contributing
federal political committee.**C**Name of Employer
**POND EDDY UNITED METHODIST
CHURCH**Occupation
MINISTER

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

562.16

Transaction ID : SA17.258159

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

CONTRIBUTION

Amount of Each Receipt this Period

25.00

Subtotal Of Receipts This Page (optional).....

1050.00

Total This Period (last page this line number only).....